

Medicaid Eligibility Handbook
Worksheet Section

SPOUSAL IMPOVERISHMENT INCOME ALLOCATION WORKSHEET

Primary Person's Name (Last, First, MI)	Social Security Number
---	------------------------

Section A - Community Spouse Income Allocation

Spouse's Name (Last, First, MI)	
1. ENTER Maximum Community Spouse Income Allocation	\$
2. MINUS Gross Income of Community Spouse	-
3. EQUALS Community Spouse Income Allocation	=

Section B - Dependent Family Member Income Allocation

	Name	Name	Name
1. ENTER – Maximum Dependent Family Member Income Allocation	\$	\$	\$
2. MINUS – Dependent Family Member's Income	-	-	-
3. EQUALS - Individual Allowance	=	=	=
4. ENTER -Total Dependent Family Member Allocation (Add Line 3 of all columns)	TOTAL \$		

Section C - Cost of Care/Cost Sharing Calculation

1. ENTER - Institutionalized Spouse's Gross Income	\$
2. MINUS - Personal Allowance	-
3. EQUALS	=
4. MINUS - Community Spouse Income Allocation (from Section A, Item 3)	-
5. EQUALS	=
6. MINUS - Total Dependent Family Member Allocation (from Section B, Item 4)	-
7. EQUALS	=
8. MINUS - Any Court-Ordered Guardian or Attorney Fees & any other special exempt income	-
9. EQUALS	=
10. MINUS - <u>Community Waivers Only:</u> Medical/Remedial Costs and Cost of Community Waivers Person's Health Insurance Premiums Nursing Home Cases Only: Cost of Institutionalized Person's Health Insurance Premiums	-
11. EQUALS - Nursing Home Liability Amount/Community Waivers Cost Sharing Amount	=

(R. 07/02) RETAIN COMPLETED FORM IN CASE RECORDS